

# **TRIAL EXHIBIT 25**

07/24/2019 7:35AM FAX

0008/0024

Mark Snookal  
CA1 - MVZMMental Health Questionnaire for Employees GO-1750  
CONFIDENTIALName: Mark Snookal  
CA1: CA1 - MVZM

Date (mm/dd/yyyy):

7/18/2019

Some job positions or type of assignments (i.e. International, Mariner, Pilot) require social and psychological adjustments that often cause stress to you and your family. It is especially important to maintain your and your family's health when assigned in a safety-sensitive job position or outside your home country. Please answer the following questions. Your response will remain confidential within Health and Medical. The questionnaire is used to determine the need for additional evaluation and to facilitate resource referrals for you and your family member(s) in preparation for assignment. After reviewing your responses, the clinician will let you know about appropriate resources should any be recommended for you and your family.

Should you wish to contact resources directly, please call Chevron Employee Assistance and WorkLife Services: 800-860-8250; ext 842-3333; (925) 842-3333 (collect).

1. In the past five years do you (or have you had) have issues or concerns (e.g.: mental health condition, drug/alcohol problem, marital stress, spouse adjustment, children with learning disabilities or other special needs, elder care issues, separation from extended family) as you anticipate or since being on assignment?  Yes  No  
If Yes, describe: Death [REDACTED] (09/16), Child [REDACTED] (11/2018)  
Include dates (mm/dd/yyyy): [REDACTED]
2. Do you have or have you been treated for a mental health condition or substance abuse/alcohol problem?  Yes  No  
If Yes, include dates (mm/dd/yyyy): Depression (last treated 1996)  
Are you concerned about this condition as you anticipate (or have been on) this assignment?  Yes  No  
Comments I have not had symptoms of depression since 1996
3. Are you currently taking or have you taken medications in the past five years for a mental health condition?  Yes  No  
Please list medications, prescribed dose and dates (mm/dd/yyyy) taken: [REDACTED]
4. If you are currently using prescribed medications for a mental health condition, have you made inquiries about obtaining these medications in your new assignment?  Yes  No  
Have you had any difficulties in obtaining these medications while on assignment (periodic evaluation only)?  Yes  No  
Describe: [REDACTED]
5. During the recent past (4 - 6 weeks) have you felt down, depressed, hopeless, and / or lacking energy?  Yes  No  
If yes, describe: [REDACTED]

## EMPLOYEE:

I understand that this information will be furnished to either the Chevron regional medical manager or the Chevron health and medical facility for management of the expatriate assignment.

Employee Signature

7/18/2019

Date (mm/dd/yyyy)